ADIZONIA GENERADO DO ANDA VENAVENA	
ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No. / 2 // 1/2	
I. PLACE OF BIRTH STATISTICS STANDARD CERTIFICATE OF BIRTH Registered No. 176	
Mila	
District or Township	
City Manu No. 152 Drawl Canon St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child one camps Supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other	o. Legitimates 7. Date of birth Ob - 1/- 1928.
Male births.) 5. No., in order of birth	
s. FATHER	14. MOTHER
Full name augustin Campos	Full maiden name MADIA MUDAIA
9. Residence Miami	15. Residence
(Usual place of abode)	(Usual place of abode)
If non-resident, give place and state. What	If non-resident, give place and state. Myoua
10. Color or race	16. Color or race
Mey 11. Age at last birthday 2. 7(Years)	Met. 17. Age at last birthday 24 (Years)
12. Birthplace (city or place) San Luio Potoni, 18. Birthplace (city or place) Jalie Co	
(State or country) Mly.	(State or country) \(\mathcal{M} \text{Mlf.}
13. Occupation	19. Occupation
Nature of industry	Nature of industry
Muler	1 Stousewife
[nd now living 21. Were precautions taken against oph- it now dead
	ti now dead
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 6 15 0	
I hereby certify that I attended the birth of this child, who was Dom alul at 8 m, on the date above stated.	
* When there was no attending physician Signature (OM 74) M. (Oh M) M. (Oh M)	
see should make this return A stillhorn	
child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from	Mami arypus.
Month, day, year	
Registrar.	V 20, 19 78 20. 60. 077 VM
1.32 - 2-11/-2/11/1/2019	

0

)